

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | BA       | 70385  |         |
| O.I.P.E. CLASSIFIER |          | 16     | 9.8.99  |
| FORMALITY REVIEW    |          | 71435  | 9/13/99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 12       | ✓    |
| 13       | ✓    |
| 14       | ✓    |
| 15       | ✓    |
| 16       | ✓    |
| 17       | ✓    |
| 18       | ✓    |
| 19       | ✓    |
| 20       | ✓    |
| 21       | ✓    |
| 22       | ✓    |
| 23       | ✓    |
| 24       | ✓    |
| 25       | ✓    |
| 26       | ✓    |
| 27       | ✓    |
| 28       | ✓    |
| 29       | ✓    |
| 30       | ✓    |
| 31       | ✓    |
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| 41       | ✓    |
| 42       | ✓    |
| 43       | ✓    |
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| 45       | ✓    |
| 46       | ✓    |
| 47       | ✓    |
| 48       | ✓    |
| 49       | ✓    |
| 50       | ✓    |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 11       | ✓    |
| 12       | ✓    |
| 13       | ✓    |
| 14       | ✓    |
| 15       | ✓    |
| 16       | ✓    |
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| 45       | ✓    |
| 46       | ✓    |
| 47       | ✓    |
| 48       | ✓    |
| 49       | ✓    |
| 50       | ✓    |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)